COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FLIP CHIP PACKAGE STRUCTURE

X is attached hereto.					
was filed on					
	al No	and was amended on_			
specification, including the I acknowledge the application in accordance I hereby claim foreign application(s) for patent	ne claims, as amended duty to disclose informed with Title 37, Code of gn priority benefits und or inventor's certificatent or inventor's certified:	nd understand the content by any amendment referred mation which is material to f Federal Regulations, § 1. Her Title 35, United States Coute listed below and have ficate having a filing date be	d to above. the patent 56(a). ode, § 119 also identifi	ability of th of any foreig ed below ar	
Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
91137816	Taiwan, R.O.C.	2002/12/30	Х		
)			
SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
JIANQ CHYUN Inte 7F1, No. 100, Roo	ellectual Property Offi		la Lee		

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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